



EMS SERIOUS INCIDENT FORM



(1.) Name of Service: _____

(2.) Person Completing Form: _____

a. Phone #: _____

b. Fax #: _____

c. E-Mail: _____

(3.) Service ID# _____

(4.) Type of Service:

a. Ambulance: _____

b. Emergency First Response (EFR): _____

(5.) Date of Incident: _____

(6.) Names and certification numbers of EMS Personnel involved in incident:

(7.) Trip Record (s) Number(s): _____

c. Copy Attached: _____

d. Copy Not Attached(Explain Why): _____

(8.) Nature of Incident (Check all that apply):

a. ☐ PATIENT INJURY RESULTING FROM THE INCIDENT*

b. ☐ MEDICATION ERROR

c. ☐ PROTOCOL VIOLATION

d. ☐ MEDICAL/COMMUNICATION DEVICE FAILURE

e. ☐ REPORTABLE MOTOR VEHICLE CRASH *

i. VEHICLE LICENSE PLATE #: _____

ii. PRIMARY GARAGING LOCATION: _____

f. ☐ VEHICLE FIRE*

i. VEHICLE LICENSE PLATE #: _____

ii. PRIMARY GARAGING LOCATION: _____

g. ☐ VEHICLE THEFT*

i. VEHICLE LICENSE PLATE #: _____

ii. PRIMARY GARAGING LOCATION: _____

h. ☐ DELAY IN EMERGENCY DEPARTMENT TRANSFER** (Greater than 30minutes)

i. FACILITY NAME: _____

ii. ARRIVAL TIME AT FACILITY: _____

iii. COMPLETION OF TRANSFER TIME: _____

* MUST BE MAILED TO DPH/OEMS, 2 Boylston St., 3rd Floor, Boston, MA 02116 WITHIN 24 HOURS

** MUST BE MAILED TO DPH/OEMS at above address, WITHIN 5 BUSINESS DAYS FOLLOWING INCIDENT
DPH/OEMS Serious Incident Report Form, revised 3/16/04

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(8.) Nature of incident (continued):

i. ☐ OTHER (EXPLAIN) _____

(9.) Brief description of incident:

SIGNATURE and TITLE

DATE SIGNED

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